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<input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract	<input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on: 1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____
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<input type="checkbox"/> Change of Address	<input type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing <input type="checkbox"/> Other: _____

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Date of Completion of DO/ EO 909 - Notification of Abandonment

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